

Elmhurst Hospital Center
Discharge/Transfer Summary
79-01 Broadway Elmhurst, New York 11373

Discharge/Transfer Summary

Patient: Reyes, Jason
MR - V#: 2703710-1
DOB/Age/Sex: 01/03/83 23Y M
Order Author:
Location: B4-11 01

DCS: 05/27/06
Report Date: 05/27/06

=====
Unscheduled Discharge/Transfer Summary -- cont'd

Hospital Course: Pt was admitted to telemetry, was r/o for MI w/ cardiac enzymes x 3. Pt had diffuse t wave inversions on his EKG, cardiology read as interventricular conduction delay, unlikely ischemia. Pt underwent an ECHO to r/o congenital heart disease and r/o valvular dz or wall motion abnormalities; ECHO was nml. It was determined that pt likely had chondrochondritis, was d/c back to rikers w/ motrin and nexium for gastric protection. Pt has a h/o reflex sympathetic dystrophy, was continued on neurontin and percocet as needed for pain.

Allergies - Med : no known allergies
Allergies - Other: no known allergies

Discharge Rx : *Gabapentin 400 mg Capsule take one tablet by mouth twice daily, Escimeprazole Magnesium 20 mg Oral Cap DR take one tablet by mouth daily x 14 days, Ibuprofen 600 mg Tablet take one tablet by mouth every 8 hours x 14 days

Activity : As tolerated.
Diet : Regular
Provider : Lindsey Reese, MD

Attending : Rahul Patel, MD

Diagnosis : Chest Pain

Comment : Pt to return to Rikers, accepting physician Dr. Bashir

I have read and understand the above discharge plan and I understand it is important to follow these instructions.

Patient/Significant Other Signature

Jason Reyes
Reviewed by, *Thursaday*
5/27/06

REPORT COPY

NYC 0000078

Nursing Division

PATIENT DISCHARGE INFORMATION RECORD

REYES, JASON
270-37-10X
01/03/1983M-S

Date

5/27/06

Unit

By

After leaving the hospital you will continue the following: (✓ and provide instructions)

| | | |
|---|----------------------|---------------|
| ✓ | Exercise | As tolerated. |
| | Dressing/Wound Care | |
| | Glucose Testing | |
| | Cast / Pin Care | |
| | Weights | |
| | Tube / Catheter Care | |
| | Other | |

Special Nutrition / Diet Needs

Regular.

COPY GIVEN: ☐ YES ☐ NO

Vaccination:

☐ Pneumovax: Date given: NOT
☐ Influenza: Date given: eligible
☐

Medication (drug information given – purpose and side effects discussed)

| Medication Name | Dose | Route | How often | Special Instructions |
|-------------------|-------|-------|-------------|----------------------|
| Gabapentin / cap. | 400mg | mouth | Twice | daily |
| ESomeprazole cap | 20mg | mouth | daily | for 14 days |
| Ibuprofen tabs | 600mg | mouth | every 8 hrs | for 14 days |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Follow-up Care:

| Appointment for | Date & Time | Location | Appointment for | Date & Time | Location |
|-----------------|-------------|----------|-----------------|-------------|----------|
| | | | | | |
| | | | | | |

Home Care/VNS Referral: ☐ No ☐ Yes: reason

Social Work Plan (If required):

Have You Smoked In The Last 12 Months ☐ No ☐ Yes

if you wish to quit smoking, Call 334-718-334 -2550 (English & Spanish)
or 334-2237 (Chinese) for Appointment to Smoking Cessation Program

If you have any unusual symptoms or questions Call adult call center at 718-334 - 2920, Obstetrics 334-3150, Children 334-3025.

In case of any of the following, call your physician or come directly to the emergency room:

If you have chest pain call your physician
or come to emergency room

Be sure to bring
appointment slip,
this record and your
medication/s with
you on the day of
your appointment.

Copy received - be sure to ask if you have any questions:

PATIENT/FAMILY MEMBER

NURSE

NYC 0000079

RN

| | | | |
|--|---|--|---|
| PREVENTION TECHNIQUES for HEALTHY LIFESTYLE Every person can follow a healthy lifestyle. Here is a list of things you can do to change your lifestyle and reduce your risk for high blood pressure, heart disease, and stroke: <ul style="list-style-type: none"> - Eat healthy and nutritious foods - Lose weight if you are overweight - Exercise - Don't smoke - Limit alcohol and caffeine - Manage stress - Get plenty of sleep <p>Remember if you want to live a healthier life, find out if you have high blood pressure, heart disease or stroke. Talk with your doctor about lifestyle changes. Follow your doctor's advice.</p> | | TECNICAS DE PREVENCIÓN por ESTILO DE VIDA SALUDABLE Toda persona puede observar un estilo de vida saludable. A continuación se presenta una lista de cosas que puede hacer para cambiar su estilo de vida y reducir el riesgo de presión sanguínea alta, insuficiencia cardíaca, y derrame cerebral: <ul style="list-style-type: none"> - Ingiera alimentos saludables y nutritivos - Pierda peso si está excedido - Haga ejercicio - No fume - Limite el consumo de alcohol y cafeína - Controle el estrés - Duerma mucho <p>Recuerde: si desea vivir una vida más saludable, determine si tiene presión sanguínea alta, insuficiencia cardíaca, o derrame cerebral. Hable con su doctor sobre cambios en su estilo de vida. Siga los consejos del doctor.</p> | |
| HOW CAN YOU TRY TO AVOID GETTING A COLD? <ul style="list-style-type: none"> • Wash your hands often. You can pick up cold germs easily, even when shaking someone's hand or touching doorknobs or handrails. • Avoid people with colds when possible. • Clean surfaces you touch with a germ-killing disinfectant. • Don't touch your nose, eyes or mouth. Germs can enter your body easily by these paths. | | ¿CÓMO PUEDE TRATAR DE EVITAR UN RESFRÍO? <ul style="list-style-type: none"> • Lávese las manos con frecuencia. Los gérmenes de la gripe son fáciles de contagiar, incluso mientras le da la mano a alguien o toca picaportes o pasamanos. • Dentro de lo posible, evite el contacto con personas resfriadas. • Si estornuda o tose, hágalo en un pañuelo descartable y luego tirelo. • Limpie las superficies que toca con un desinfectante que mate los gérmenes. • No se toque la nariz, los ojos o la boca. Los gérmenes pueden entrar fácilmente en su cuerpo a través de estas vías. | |
| DEEP VEIN THROMBOSIS (DVT) PREVENTION Activity Level: <ul style="list-style-type: none"> • Increasing your activity by walking and being active reduces the risk of developing a blood clot. • Prolonged riding in a car, bus, train or plane may increase your risk of a blood clot. • When sitting, put your legs up on a pillow, and do not cross your legs or ankles. • When lying down, do not cross your ankles. Smoking Cessation: <ul style="list-style-type: none"> • If you smoke, stop! • Think about joining a smoking cessation program. | | PREVENCIÓN DE LA TROMBOSIS VENOSA PROFUNDA Nivel de actividad: <ul style="list-style-type: none"> • Aumentar su actividad con caminatas y mantenerse activo reduce el riesgo de desarrollar un coágulo. • Los viajes prolongados en auto, autobús, tren o avión pueden aumentar el riesgo de formación de un coágulo. • Cuando se siente, ponga las piernas sobre una almohada y no cruce las piernas o tobillos. • No cruce los tobillos al acostarse. Dejar de fumar: <ul style="list-style-type: none"> • Si fuma, ¡deje de hacerlo! • Piense en unirse a un programa para dejar de fumar. | |
| HEART FAILURE SYMPTOMS <ul style="list-style-type: none"> • Stable weight / No new symptoms • Sudden weight gain (3 or more pounds in one day, 5 or more pounds in one week) • Shortness of breath / Swelling of legs • Trouble sleeping (waking up short of breath) • Frequent dry hacking cough / Fatigue • Chest pain or heaviness • Dizziness or fainting • Persistent difficulty in breathing | ACTION No Action Call your doctor to Adjust meds Call 911 | SINTOMAS DE INSUFICIENCIA CARDIACA <ul style="list-style-type: none"> • Peso estable/ Sin síntomas nuevos • Repentino aumento de peso (3 libras o más en un día, 5 libras o más en una semana) • Falta de aire / Piernas hinchadas • Dificultad para dormir (despertar por falta de aire) • Tos seca frecuente / Fatiga • Dolor u opresión en el pecho • Mareos o desmayos • Dificultad persistente para respirar | ACCION Ninguna acción Llame a su medico para ajustar la medicación Llame al 911 |

If patient is unable to sign, please sign and print name and relationship to patient.

Jason Reyes
 PATIENT/FAMILY MEMBER

Si el paciente no puede firmar, escriba y firma nombre y relación al paciente.

[Signature]
 NURSE RN

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

Elmhurst Hospital Center

79-01 Broadway

Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

Rx: Motrin (Ibuprofen 600 mg Tablet)

600 mg tab by mouth

q8h at default 0600/1400/2200

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

Disp. Qty: 42

L Reese

(signature)

AR # : 2703710

Pt. Name: Reyes, Jason

Address : 1515 Hazen St.

East Elmhurst, NY 11370

DOB : 03 Jan 1983 Loc: B4-11 01

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written

ORIGINAL Rx - Number of Refills: 0

Reese, Lindsey, MD

NY Lic #:

Clinic : _____

Lindsey Reese, MD
Dic. code 63126
917-649-1629

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

Elmhurst Hospital Center
79-01 Broadway

Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

R # : 2703710
Pt. Name: Reyes, Jason
Address : 1515 Hazen St.
East Elmhurst, NY 11370
DOB : 03 Jan 1983 Loc: 34-11 01

Reese, Lindsey, MD
NY Lic #:
Clinic : _____

Rx: Nexium (Esomeprazole Magnesium 20 mg Oral
Cap DR)

20 mg DR Cap by mouth
daily at default 1000

Disp. Qty: 14

L. Reese (signature)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written
ORIGINAL Rx - Number of Refills: 0

Lindsey Reese, MD
Dic. code 63126
917-649-1629

This prescription is valid for non-controlled substances only.
The issuing facility is exempt from the NYS Official Rx Program.

Elmhurst Hospital Center
79-01 Broadway

Elmhurst, NY 11373 Tel: (718) 334-4000 MMIS: 246075

Prescriptions filled by EHC will be filled generically as directed

Date of Rx: 27 May 06

R # : 2703710
Pt. Name: Reyes, Cason
Address : 1515 Hazen St.
East Elmhurst, NY 11370
DOB : 03 Jan 1983 Loc: B4-11 01

Reese, Lindsey, MD

NY Lic #:

Clinic : _____

Rx: Neurontin (*Gabapentin 400 mg Capsule)

800 mg cap by mouth
bid at default 1000/1800

Disp. Qty: 60

L Reese

(signature)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW



Dispense As Written

ORIGINAL Rx - Number of Refills: 0

Lindsey Reese, MD
Dic. code 63128
917-649-1629

3490602628
Born 1/13/1983

5/25/2006

12:23:32 PM reyes, Jason
Male Race: Hispanic

BP: 134/76-16-62-95

FHS (1)

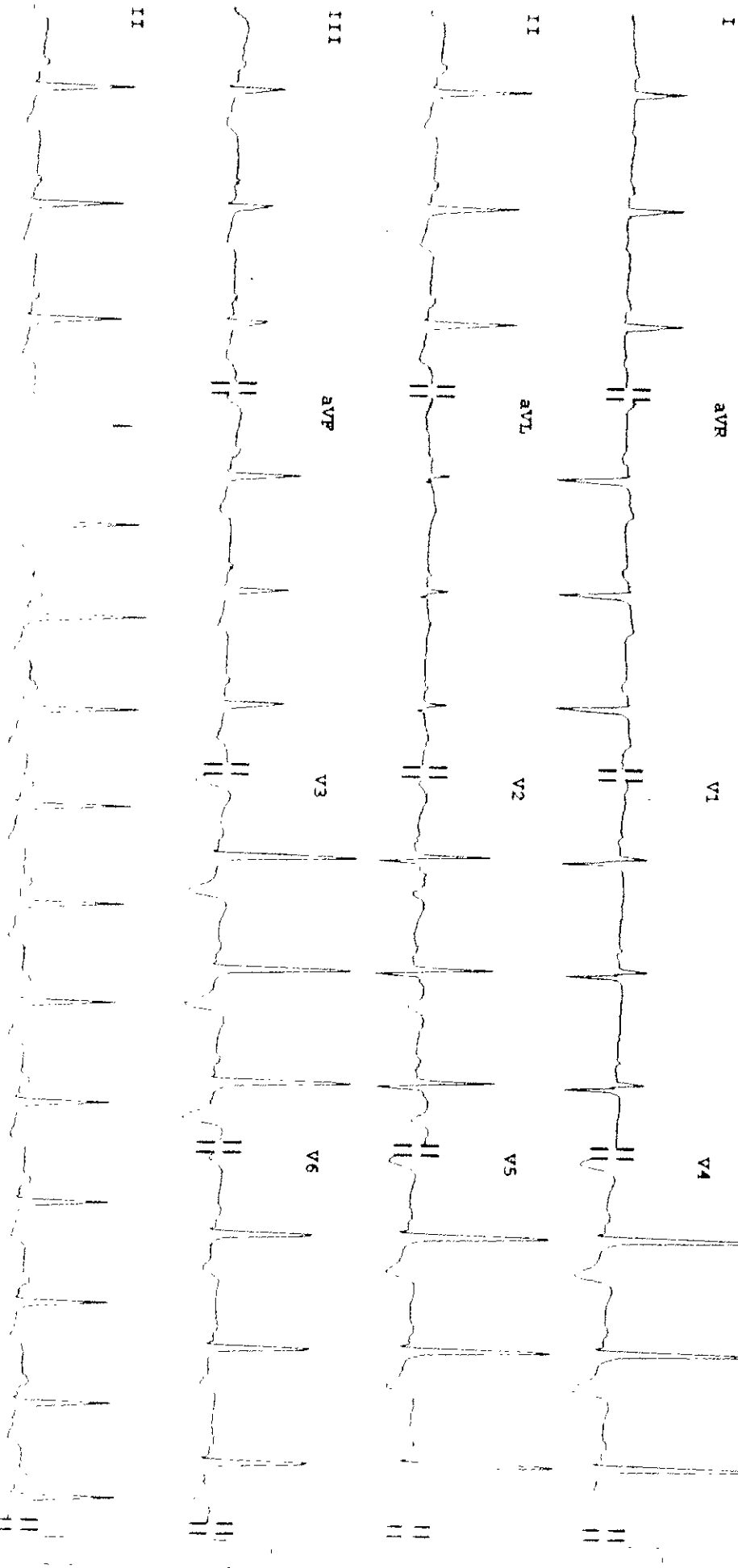
SINUS RHYTHM
ABNORMAL T, PROBABLE ISCHEMIA, WIDESPREAD
Normal P axis, V-rate 50-99
T <-0.50mv, ant/lat/inf

--AXIS--
P 62
QRS 55
T 263

- ABNORMAL ECG -

Fac: LOANER

Unconfirmed Diagnosis



Dev: 10009572

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10 mm/mV

60~0.15-150 Hz

PH080A

P

NYC 0000084

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

| | | | | | | | | | |
|-------------------|---------|----------------------|--|--------------------|--|--------------|--|-----------|--|
| PATIENT LAST NAME | | FIRST NAME | | BOOK & CASE NUMBER | | HOUSING AREA | | ALLERGIES | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DATE | TIME | PRESCRIBER SIGNATURE | | STAMP | | | | RPH | |
| PATIENT LAST NAME | | FIRST NAME | | BOOK & CASE NUMBER | | HOUSING AREA | | ALLERGIES | |
| Reyes | | JASON | | 3490602628 | | D3 | | 4 | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| Gabapentin | | 400mg | | Po | | BID | | 30 day | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| Prostanix | | 40 mg | | Po | | QID | | 30 day | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| Ibuprofen | | 600mg | | Po | | Q8h | | 14 day | |
| INDICATION | | | | | | | | | |
| DATE | TIME | PRESCRIBER SIGNATURE | | STAMP | | | | RPH | |
| 5/27 | 8:00 PM | [Signature] | | | | | | | |
| PATIENT LAST NAME | | FIRST NAME | | BOOK & CASE NUMBER | | HOUSING AREA | | ALLERGIES | |
| Satterly | | Evan | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DATE | TIME | PRESCRIBER SIGNATURE | | STAMP | | | | RPH | |

Write medication orders beginning from bottom of page
Chart Copy-White; Pharmacy Copy-Yellow

NYC 0000085

Please use ball point pen and print legibly.

Referring DOC Facility: MI-03
Name of referring MD Dr. [illegible]
(Please Print)
Hospital Run: ☒ EMS ☐ DOC: ☐ 3 hr. MD Phone # [illegible]
Date: 5-2-08 Time: 1:15 AM/PM PM
Referred to: ☐ KCHC ☒ Elmhurst ☐ Bellevue
☐ Other: _____
Patient Name: [illegible]
B&C #: [illegible] DOB: [illegible]
(Please Print)
Contact Urgicare if you have questions: **Beeper# 917-949-1234**
Phone# 718-546-4333

COMPLAINT: 2 M [illegible] PE
[illegible]
[illegible]
[illegible]
PMH: [illegible]
[illegible]
MEDS: [illegible]
[illegible]
[illegible]
[illegible]
Allergies: N/A
Studies/Labs: [illegible]
Tx@RI: [illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Significant ED findings/studies:

Discharge Dx:

Recommended FU:

Fax completed form to Urgicare Center @ time of discharge - 718-546-4382
Physician Name (print) _____ Signature: _____ Date: _____
Phone # _____

CONTACT URGICARE IF YOU HAVE QUESTIONS / INFORMATION.
FOR BOROUGH HOUSES CONTACT REFERRING PRACTITIONER (ABOVE).

BEEPER #: 917-949-1234
PHONE #: 718-546-4333

NYC 0000086

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

| | |
|---|---------------------|
| Patients' Name <u>REYES, JASON</u> DOB <u>1/13/83</u> | |
| FROM <u>NLC 03</u> | <u>349 060 2620</u> |
| Correctional institution | Inmate no. |
| Referred to <u>PT</u> | Ward / Clinic |
| Hospital | / Clinic no. |

Chief complaint or findings:

P2

Diagnosis, treatment and medications by C.H.S.:

23 YOM WAS REFERRED TO PT
5/14/06 FOR RSD PATIENT
DEEP SLOTT FIM T MD PER
YOUR REQUEST

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

THOMAS

Date 5/17/06 Referring Physician Thomas Schwaner, PA Phone _____
 Consultation, findings and recommendations: _____
 Approved: Roslynn Glicksman, MD

PT to PT c/o pain, impaired posturing, postural
ambulation, transfers, basic mobility 20 to 85w
c resulting RSD S/S to (L) foot (see eval 5/14/06)
PT is to be treated for S/S; will be observed for
spontaneous recovery in addition; PAINFUL S/S
 Date 5/22/06 Physician Kevin D. ... M.D.

3

21

Write medication orders beginning from bottom of page
Chart Copy-White; Pharmacy Copy--Yellow

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

| | | | | | | | | | |
|----------------------------|------|---|--|---|--|-----------------------|--|------------------|--|
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02628 | | HOUSING AREA NIC B | | ALLERGIES NKA | |
| DRUG HC CREAM | | DOSE gr | | ROUTE Topical | | FREQUENCY BID | | DURATION 142 | |
| INDICATION | | | | | | | | | |
| DRUG DIL OXYCONTIN | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG MS CONTIN | | DOSE 15m | | ROUTE PO | | FREQUENCY BID | | DURATION 72 | |
| INDICATION | | | | | | | | | |
| DATE 5/18/06 | TIME | PRESCRIBER SIGNATURE Thomas Schwaner, PA | | STAMP Marie L. Robert-Georges, MD Lic #198367 | | RPH 0715 | | | |
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02628 | | HOUSING AREA NIC B | | ALLERGIES NKA | |
| DRUG LINDANE PATCH | | DOSE IT | | ROUTE Topical | | FREQUENCY QD | | DURATION 30d | |
| INDICATION | | | | | | | | | |
| DRUG ↑ NEURONTIN | | DOSE 1000mg | | ROUTE PO | | FREQUENCY TID | | DURATION 30d | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DATE 5/17/06 | TIME | PRESCRIBER SIGNATURE Thomas Schwaner, PA | | STAMP DW, MD Faisal AH, MD | | RPH | | | |
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02628 | | HOUSING AREA NIC B | | ALLERGIES NKA | |
| DRUG OXYCONTIN | | DOSE 20mg | | ROUTE PO | | FREQUENCY BID | | DURATION 72 | |
| INDICATION | | | | | | | | | |
| DRUG CYMBALTA | | DOSE 60mg | | ROUTE PO | | FREQUENCY QD | | DURATION 72 | |
| INDICATION | | | | | | | | | |
| DRUG PROVIGIL | | DOSE 200mg | | ROUTE PO | | FREQUENCY QAM | | DURATION 72 | |
| INDICATION | | | | | | | | | |
| DATE 5/17/06 | TIME | PRESCRIBER SIGNATURE Thomas Schwaner, PA | | STAMP Faisal AH, MD | | RPH | | | |

Write medication orders beginning from bottom of page.
Chart Copy-White Pharmacy Copy-Yellow

3490602628
Born 1/13/1983

5/25/2006

12:24:04 PM reyes, Jason
Male Race: Hispanic

BP: 113/76-116-62-98 PHS

SINUS TACHICARDIA
REPOL ABNRM, PROBABLE ISCHEMIA, DIFFUSE

ST dep, T neg, ant/lat/inf

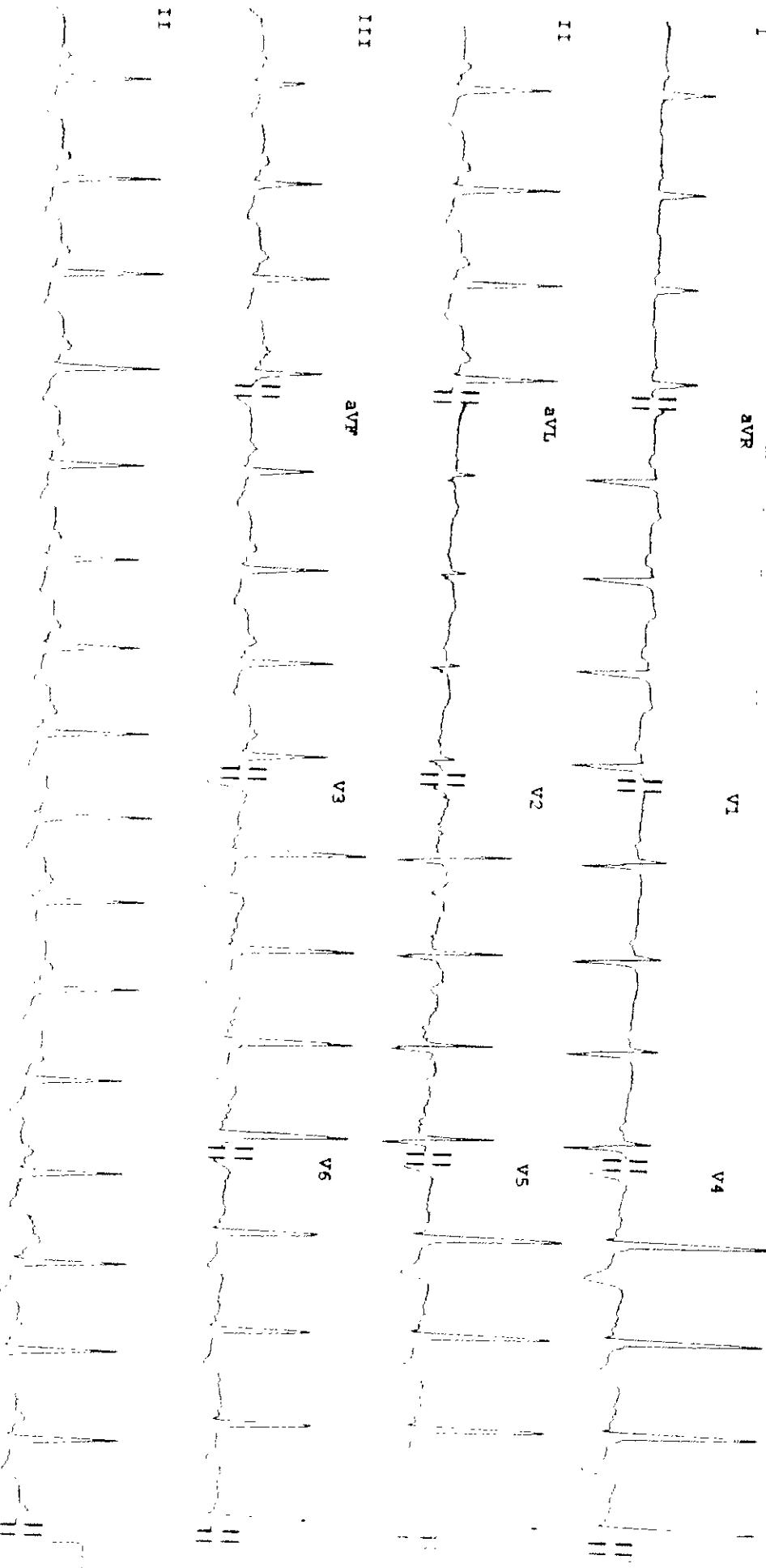
Rate 101
PR 148
QRSD 87
QT 344
QTc 446

--AXIS--
P 75
QRS 60
T 263

- ABNORMAL ECG -

Fac: LOANER

Unconfirmed Diagnosis



Dev: 10009572

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10 mm/mV

60 ~ 0.15-150 Hz

PH080A

P3

NYC 0000090

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

| | | | |
|--------------------------|--|---------------------|--|
| Patients' Name _____ | | DOB _____ | |
| FROM _____ | | Inmate no. _____ | |
| Correctional institution | | | |
| Referred to _____ | | Ward / Clinic _____ | |
| Hospital _____ | | / Clinic no. _____ | |

Chief complaint or findings:Diagnosis, treatment and medications by C.H.S.:Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:Request:

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____

CONSULTATION REQUEST

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name _____ DOB _____

FROM _____
Correctional institution Inmate no. _____

Referred to _____ Ward / Clinic

Hospital _____ / Clinic no. _____

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

Request:

Thomas Schwaner PA

Date _____ Referring Physician _____ Phone _____ Approved _____

Consultation, findings and recommendations:

Date _____ Physician _____



Neuroscience Associates of New York

1099 Targee Street, Staten Island, NY 10304 • 718/448-3210 • Fax: 718/815-3379

Neurology

Stephen A. Kulick, M.D., F.A.A.N., F.A.C.P.

Steven B. Schwartzberg, M.D.

Audrey L. Halpern, M.D.

Pain Management

Germaine N. Rowe, M.D., F.A.A.P.M.P.

Gloria D. Bobus, D.O.

Neurological Surgery

Edwin M. Chang, M.D., F.A.C.S.

John S. Shlau, M.D., F.A.C.S.

Anthony J.G. Abadia, M.D.

Emeritus

Harvey R. Leventhal, M.D., F.A.C.S.

Neuropsychology

Reuven L. Weiss, Ph.D.

May 1, 2006

Re: Jayson Reyes

To Whom It May Concern:

Mr. Reyes has been followed in our pain management practice since June 2003. He suffers from chronic left lower extremity pain secondary to RSD or reflex sympathetic dystrophy, which causes him to have a permanent disability. The patient has not been seen in our office in the last few months. Previously the patient had been managed on a regimen of medications including OxyContin 20 mg, q 6h.

If you have any further questions please feel free to contact our office at 718-448-3210 extension 2287.

Sincerely yours,

G. Rowe M.D. NA

Naomi Alcock, P.A.

Germaine N. Rowe, M.D.

NA/km

Voice ID: 16675441/Fax ID: 13363965



HEALTHCARE ASSOCIATES in Medicine, PC

1099 Targee Street, Staten Island, NY 10304 • Phone: (718) 448-3210 • Fax: (718) 442-9085

FAX TRANSMISSION

DATE: 5/1/06
TO: Rosana
COMPANY: _____
FAX: 398-8995

FROM: Naomi
DEPT: Pain Mgmt
FAX: 718-447-7192
TEL: 718-448-3210 X 2287

RE: Jayson Reyes
Number of pages including cover: (2)

MESSAGE:

OFFICIAL NEW YORK STATE PRESCRIPTION

HEALTHCARE ASSOCIATES IN MEDICINE, P.C.

☒ GERMAINE N. ROWE, MD
LIC. 204300

☒ NAOMI B. ALCOCK, PA
LIC. 007057

☐ GLENN D. BABUS, DO
LIC. 228217

☐ SABRINA R. SIMONETTI, PA
LIC. 010118

1099 TARGEER STREET, STATEN ISLAND, NY 10304 (718) 448-3210

Patient Name: Jayson Reyes Date: 5/1/06

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Sex: M/F

Rx: PT 2 - 3x / wk X 6-8 wks
to (1) w/ extreme
multimedicality
dx: Reflex Sympathetic
Dystrophy / Dystonia
Alcock PA

Prescriber Signature: _____

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "DO NOT FILL" OR "FILL ON _____"

REFILL: ☐ NONE ☐ _____

818081 12

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This fax may contain confidential information. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

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NEUROLOGY
Stephen A. Kueck, MD, FAAN, FACP
Girley L. Holcomb, MD

PEDIATRIC NEUROLOGY
Steven A. Schwartzberg, MD
Lewin M. Gluck, MD

NEUROSURGERY
Edwin M. Cheng, MD, FACS
John S. Shinn, MD
Anthony J.G. Hattis, MD
Harvey E. Lammert, MD, FACS
Emmanuel

ORTHOPEDICS
Stephen J. Pickett, MD, FACS
Joseph A. Sannes, MD, FACS
Albert R. Accetta, Jr., MD
John P. Kelly, MD
David A. Becker, MD
Joseph J. Giordano, MD, FACS
Deborah A. Rindley, MD
Vance Duggan, MD

NEUROPATHOLOGY
Richard S. Puro, MD, FACP
Alex E. George, MD, FACP

PSYCH MANAGEMENT
Germaine B. Young, MD, FACP
Glenn D. Babus, DO

PHYSICAL THERAPY
Alondra T. Marlene, PT
Lucas Ortega, PT

NEUROPSYCHOLOGY
Barbara Weiss, PhD

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM 1

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

| | | | | | | | | | |
|--------------------------------------|------|--|--|--------------------------------------|--|--|--|-----------------------|--|
| PARENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 3490602 | | HOUSING AREA 628 NIC 03 | | ALLERGIES | |
| DRUG OXYCONTIN | | DOSE 20mg | | ROUTE PO | | FREQUENCY BID | | DURATION 7d | |
| INDICATION PER BH PAIN MGR | | | | | | | | | |
| DRUG CYMBACTA | | DOSE 60mg | | ROUTE PO | | FREQUENCY QD | | DURATION 7d | |
| INDICATION PER BH PAIN MGR | | | | | | | | | |
| DRUG PROVIGIL | | DOSE 200mg | | ROUTE PO | | FREQUENCY QAM | | DURATION 7d | |
| INDICATION PER BH PAIN MGR | | | | | | | | | |
| DATE 5/11/06 | TIME | PRESCRIBER SIGNATURE T/S (M) | | STAMP 0564 | | Thomas Schwaner, PA | | HARINDER BHATTI, MD | |
| PARENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 3490602 | | HOUSING AREA 628 NIC 03 | | ALLERGIES | |
| DRUG TYLENOL | | DOSE 650mg | | ROUTE PO | | FREQUENCY BID | | DURATION 4d | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DRUG | | DOSE | | ROUTE | | FREQUENCY | | DURATION | |
| INDICATION | | | | | | | | | |
| DATE 5/4/06 | TIME | PRESCRIBER SIGNATURE T/S (M) | | STAMP 0564 | | Harinder Bhatti, MD Thomas Schwaner, PA | | RPh | |
| PARENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 3490602 | | HOUSING AREA 628 NIC 03 | | ALLERGIES | |
| DRUG OXYCONTIN | | DOSE 20mg | | ROUTE PO | | FREQUENCY BID | | DURATION 7d | |
| INDICATION PER BH PAIN MGR | | | | | | | | | |
| DRUG CYMBACTA | | DOSE 60mg | | ROUTE PO | | FREQUENCY QD | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| DRUG PROVIGIL | | DOSE 200mg | | ROUTE PO | | FREQUENCY QAM | | DURATION 7d | |
| INDICATION PER BH PAIN MGR | | | | | | | | | |
| DATE 5/5/06 | TIME | PRESCRIBER SIGNATURE T/S (M) | | STAMP 0564 | | Harinder Bhatti, MD Thomas Schwaner, PA | | RPh | |

Write medication orders beginning from bottom of page.
Chart Copy-White; Pharmacy Copy-Yellow

CONSULTATION REQUESTNEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENE

Leave blank for hospital use

Patients' Name REYES, JASON DOB 1/13/83
 FROM NIC 03 / 3490602628
 Correctional institution Inmate no.
 Referred to PT Ward / Clinic
 Hospital / Clinic no.

PI

Chief complaint or findings:

Diagnosis, treatment and medications by C.H.S.:

Other pertinent physical, psychiatric, and historical findings,
including lab values and x-ray findings:

23 YOM Hx of

RSD REFLEX SYMPATHETIC DYSTROPHY
SINCE SEPT 2002

BILATERAL LEG PAIN + WEAKNESS

HYPERALGESIA TO (L) HEEL

Request: PT FOR ROM TO
LOWER EXTREMITIES (AS TOLERATED)Date 5/4/06 Referring Physician Thomas Schwaner, PA

Phone

Harjinder Bhatti, MD
Approved

Consultation, findings and recommendations:

NYC 0000097

PT has report of LSD; 2° to work related injury;
 S/S of RSD to @ foot m/l and plantar surface
 & ROM @ ankle complex evident; pt has hyperreflexia
 in @ CA & cogwheel oscillations evident when transferring
 w. B. on walking. gait is impaired by RSD & 7 (8/10)
 pain levels brought on with w.B. & to ↓ pain
 physical agents (U.S. Rest) return to P.T.
 Syndrome

MEDICATION ADMINISTRATION RECORD

PATIENT'S NAME: Reyes, Jason
ID #: 349-06-02628
DIAGNOSIS: Reflex Sympathetic Dyst
ALLERGY: Fentanyl LOC: D2A

| MONTH | | YEAR | |
|-------|----|------|----|
| D | HR | 18 | 19 |
| 9 | 17 | 20 | 21 |
| | | 22 | 23 |
| | | 24 | 25 |
| | | 26 | 27 |
| | | 28 | 29 |
| | | 30 | 31 |

[illegible]

The graph displays two curves on a grid. The horizontal axis is labeled 'MONTH' and 'YEAR'. The vertical axis is labeled 'D' and 'HR'. One curve starts at the origin and increases linearly. The other curve starts at a high value on the vertical axis and decreases, curving downwards.

NYC 0000098

5. Withheld (pending lab, abnormal lab, and/or vital signs)
6. Non-formulary and not available at time of administration
7. Not in cassette, pharmacy notified
8. Medication given to take to court or hospital specialty clinic
9. OOS (Out of Stock) at time of administration

NEW YORK CITY DEPARTMENT OF HEALTH
AND MENTAL HYGIENEMEDICATION
ADMINISTRATION RECORDPATIENT'S NAME: Royes, JasmID #: 349-06202628DIAGNOSIS: Reflex Sympathetic dystALLERGY: Fentanyl LOC: D 2A

PATIENT LAST NAME: Royes FIRST NAME: Jasm
 ID #: 3490602628 LOCATION: Nic D2A
 DRUG: Oxycontin SR NEW
 INDICATION: Pain
 DOSE: 10 mg ROUTE: PO RENEW
 FREQUENCY: Q12hs DURATION: 2 day then taper CHANGE
 DATE: 4/18/06 TIME: 6:00 AM
 MD/PA SIGNATURE: Habib Kamkhaji, MD
 D/C DATE: 4/18/06 NURSE: [Signature] TIME: 0730 RPH

MONTH APRIL YEAR 2006
 D HR 18 19 D/C 4/19/06
 9A 9P 9P
 D HR

PATIENT LAST NAME: Royes FIRST NAME: Jasm
 ID #: 3490602628 LOCATION: Nic D2A
 DRUG: Neurontin NEW
 INDICATION: Neurontin
 DOSE: 300 mg ROUTE: PO RENEW
 FREQUENCY: TID DURATION: 2 wks CHANGE
 DATE: 4/18/06 TIME: 6:00 AM
 MD/PA SIGNATURE: Habib Kamkhaji, MD
 D/C DATE: 4/18/06 NURSE: [Signature] TIME: 0730 RPH

MONTH APRIL YEAR 2006
 D HR 18 19 20 21 22 23 24 25 26 27 28 29 30 5/1 D/C
 5A 1P 9P
 D HR

PATIENT LAST NAME: Royes FIRST NAME: Jasm
 ID #: 3490602628 LOCATION: Nic D2A
 DRUG: Lidoderm patch 5% NEW
 INDICATION: Lidoderm patch 5%
 DOSE: 1 Patch ROUTE: Topical RENEW
 FREQUENCY: BID DURATION: 2 wks CHANGE
 DATE: 4/18/06 TIME: 6:00 AM
 MD/PA SIGNATURE: Habib Kamkhaji, MD
 D/C DATE: 4/18/06 NURSE: [Signature] TIME: 0730 RPH

MONTH APRIL / May YEAR 2006
 D HR 18 19 20 21 22 23 24 25 26 27 28 29 30 5/1 D/C
 9A 9P
 D HR

1. Refusal
2. Out of Court
3. Out of Hospital/specialty clinic
4. Off Unit (i.e. visit, recreation, library)

5. Withheld (pending lab, abnormal lab, and/or vital signs)
6. Non-formulary and not available at time of administration
7. Not in cassette, pharmacy notified
8. Medication given to take to court or hospital specialty clinic
9. OOS (Out of Stock) at time of administration

[illegible][illegible][illegible]

STAT OR SINGLE DOSE MEDICATIONS

[illegible]

MEDICATIONS NOT ADMINISTERED

[illegible]

NURSE'S SIGNATURE

| NURSE'S SIGNATURE | | | |
|-------------------|----------------|----------|-----------------------------|
| DATE | FULL SIGNATURE | INITIALS | PRINT NAME |
| 4/18/06 | Richardson | LR | L RICHARDSON |
| 4/19/06 | W | W | Winsome Douglas-Hewitt, LPN |
| 4/21 | Williams | W | |
| 4/22 | T. E. J. E. H. | T. E. | T. E. J. E. H. |
| 4/23/06 | W. J. H. | W. J. | W. J. H. |
| 4/25 | W. J. H. | W. J. | W. J. H. |

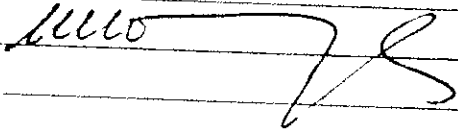

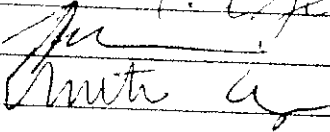

STAT OR SINGLE DOSE MEDICATIONS

[illegible]

MEDICATIONS NOT ADMINISTERED

[illegible]

NURSE'S SIGNATURE

| NURSE'S SIGNATURE | | | |
|-------------------------|---|--|--|
| DATE | FULL SIGNATURE | INITIALS | PRINT NAME |
| 4/19/06 |  |  | Winslow Douglas Hewitt, LPN |
| 4/21 4/23/06 4/25 | T. E. Egan  | T.E  | T. E. Egan For Thomas USANTB CRT 200 |

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CHS FORM B

MEDICATION ORDER SHEET

USE BALL POINT PEN AND PRESS FIRMLY

| | | | | | | | | | |
|----------------------------|--|---------------------|--|---|--|--------------------|--|------------------|--|
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02 628 | | HOUSING AREA D3 | | ALLERGIES NKA | |
| DRUG NORCOPTIN | | DOSE 800 | | ROUTE PO | | FREQUENCY TID | | DURATION 14d | |
| INDICATION | | | | | | | | | |
| 3 | | | | | | | | | |
| DRUG COLEMAN | | DOSE 200mg | | ROUTE PO | | FREQUENCY QD | | DURATION 30d | |
| INDICATION | | | | | | | | | |
| DRUG P LINDICANE (MILK) | | DOSE 10 | | ROUTE TOPICAL | | FREQUENCY QD | | DURATION 14d | |
| INDICATION | | | | | | | | | |
| DATE 5/2/06 | | TIME | | PRESCRIBER SIGNATURE Thomas Schwaner, MD | | STAMP 0864 | | RPH | |
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02 628 | | HOUSING AREA D3 | | ALLERGIES NKA | |
| DRUG OXYCONTIN SR | | DOSE 20mg | | ROUTE PO | | FREQUENCY BID | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| 2 | | | | | | | | | |
| DRUG CEMPACTA | | DOSE 60mg | | ROUTE PO | | FREQUENCY QD | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| DRUG PROVIGIL | | DOSE 200mg | | ROUTE PO | | FREQUENCY Q AM | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| DATE 5/2/06 | | TIME | | PRESCRIBER SIGNATURE Thomas Schwaner, MD | | STAMP 0864 | | RPH | |
| PATIENT LAST NAME REYES | | FIRST NAME JASON | | BOOK & CASE NUMBER 349 06 02 628 | | HOUSING AREA D3 | | ALLERGIES NKA | |
| DRUG OXYCONTIN SR | | DOSE 20mg | | ROUTE PO | | FREQUENCY BID | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| 1 | | | | | | | | | |
| PER PAIN MGN ABUSE | | | | | | | | | |
| DRUG CEMPACTA | | DOSE 60mg | | ROUTE PO | | FREQUENCY QD | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| PER PAIN MGN | | | | | | | | | |
| DRUG PROVIGIL | | DOSE 200mg | | ROUTE PO | | FREQUENCY Q AM | | DURATION 7d | |
| INDICATION | | | | | | | | | |
| PER PAIN MGN | | | | | | | | | |
| DATE 4/27/06 | | TIME | | PRESCRIBER SIGNATURE Thomas Schwaner, MD | | STAMP 0864 | | RPH | |

Write medication orders beginning from bottom of page
Chart Copy-White; Pharmacy Copy-Yellow